

Indiana State University
Direct Deposit of Payroll
Authorization Agreement Form

Name _____ University ID # _____

I hereby authorize Indiana State University to initiate direct deposit credit entries and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution indicated below.

This authority is to remain in full force and effect until Indiana State University has received written notification from me of its termination in such time and in such manner as to afford Indiana State University and the financial institution named below a reasonable opportunity to act on it.

Name of Financial Institution _____
(bank, credit union, etc.)

Financial Institution Address _____

Financial Institution Phone Number _____

Routing Transit # _____ Account # _____

Type of Account (Please check one): Checking _____ Savings _____

Signature _____ Date _____

******* IMPORTANT *******

ATTACH A VOIDED CHECK OR ACCOUNT CARD TO THIS FORM, AND RETURN TO:

**ISU Payroll Office
408 Rankin Hall
Terre Haute, IN 47809**